

ATTACH VOIDED CHECK

Frias Properties Of Aspen, LLC
730 East Durant Avenue
Aspen Colorado 81611
970-429-2401

I (we) hereby authorize Frias Properties of Aspen LLC to initiate debit and deposit entries to my (our) checking account indicated below and the depository named below, hereinafter called "depository".

Depository Name _____ Branch _____

Address _____

City, State, Zip _____

Phone _____

Transit/ABA Number _____ Account # _____

This authority is to remain in full force until Frias Properties of Aspen LLC and Depository have received written notification from me (or either of us) of its termination in such time and such manner as to afford Frias Properties of Aspen LLC and Depository a reasonable opportunity to act upon it.

Name 1: _____ Name 2: _____

Signed: _____ Signed: _____

Dated: _____ Dated: _____

Phone Number: _____

Email Address: _____

Unit Number _____